

191536

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008 - 120 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

RECEIVED

2008 MAR 25 PM 12:19

PUBLIC SERVICE COMMISSION

Please type or print)

Submitted by: Vladimir Bromberg
Address: 104 Hickory Hall Ln.
Irmo, SC, 29063

Telephone: (803) 477-6448
Fax: _____
Other: _____
Email: Greensberg@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers is required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)
Office # (803) 896-5100 - Fax # (803)-896-5199)

CLASS C - TAXI

DATE 3/24/2008

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

American Pride Cab

Vladimir Bromberg d/b/a

2. (a) Street Address of Applicant 104 Hickory Hall Ln.,

Irmo, SC, 29063

(b) Mailing address, if different from street address _____

(c) Telephone Number (803) 477-6448 Fed. ID # _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: march Year: 2008

Assets:	
Cash	\$500.00
Receivables	\$1500.00 per month
Real Estate	\$300000.00
Buildings and Equipment-Net	N/A
Motor Vehicles-Net	\$4000.00
Garage Equipment-Net	500.00
Machinery and Tools-Net	500.00
Supplies on Hand	N/A
Prepays and Other Assets	N/A
Total Assets	306500.00
Liabilities and Equity:	
Accounts Payable	200.00
Notes Payable	N/A
Mortgages Payable	1400.00
Equipment Obligations	N/A
Accrued Salaries and Wages	N/A
Other Accrued Obligations	N/A
Other Liabilities	N/A
Total Liabilities	1600.00
Capital Stock	N/A
Retained Earnings	N/A
Total Equity	80000.00
Total Liabilities and Equity	80000.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF

Richmond

I, Vladimir Brumberg, owner

(Name of Applicant's Representative)

(Title)

of American Pride Car, the Applicant for the Certificate of Public (Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At SC State Credit Union

This the 24 day of March 20 08

Kirk La Kin
(Notary Public)

Brumberg
(Signature of Applicant's Representative)

Commission Expires: 9-10-2009

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Vladimir Bronberg

For the transportation of passengers as follows:

Area to be served: Airport RICHLAND county
LEXINGTONNumber of passengers: 5 7Fares : \$2 \$2 per mileDate 3/24/08 Vladimir Bronberg
ByOwner
Title

DESCRIPTION OF EQUIPMENT

[illegible]

Vladimir Bromberg
(Applicant)

X _____
(Applicant's Representative)

Owner
(Title)

INSURANCE QUOTE

The following insurance quote is for:

American Pride Cab.

(Name of Motor Carrier)

104 Hickory Hall Ln, Irmo, SC, 29063

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance

4,029.⁰⁰ estimated.

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

1 - 7 passengers

-

25,000/50,000/25,000

8 - 15 passengers

-

25,000/100,000/25,000

Southern United Fire Insurance

(Insurance Company Name)

1 Southern Way Mobile AL 36619

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/25/08
Date

[Signature]
(Authorized Insurance Company Representative)

Hipkins Insurance
2028 PLATT SPRINGS ROAD
WEST COLUMBIA, S. C. 29169
(803) 794-8246